

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Moore For Congress

A.

Full Name (Last, First, Middle Initial)

Robert Noel

Mailing Address 14705 Lata Vista

City

Elm Grove

State

WI

Zip Code

53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MFC

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: C785755

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Stephen Marcus

Mailing Address 100 E Wisconsin Avenue
#1900

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Marcus Corporation

Occupation
Chairman/CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: C785776

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Rafat Shaikh Arain, M.D.

Mailing Address 1205 Indianwood Dr.

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurodiagnostic Clinic of
Milwaukee

Occupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C785740

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)